

## REVISED 2005 OPEN ENROLLMENT NOTICE FOR HEALTH INSURANCE

Kentucky Employees Retirement System · County Employees Retirement System · State Police Retirement System

### 2004 Special Legislative Session

The 2004 Special Session called by the Governor to address insurance benefits for employees and retirees participating in the State Health Insurance Group has concluded. Lawmakers passed House Bill 1 to change the benefit levels and participant costs from the amounts that were previously proposed for the 2005 plan year. Please read this notice and the enclosed Supplement to the Plan Year 2005 Retiree Health Insurance Handbook (Handbook) carefully to be sure you understand all changes for 2005 before completing and returning your application to Kentucky Retirement System (KRS).

### New Enrollment Period

Due to the legislative changes enacted by House Bill 1, open enrollment for Plan Year 2005 will be a total reenrollment. Everyone needs to complete a new application and file it at the KRS office no later than November 12, 2004 in order to obtain coverage in 2005. Even if you completed and returned the previous 2005 application, you must complete a new application to obtain coverage in 2005.

When your application has been processed, you will be sent a mailer to notify you of the new premium deduction from your retirement allowance beginning January 1, 2005. Please review this mailer carefully and notify the KRS office immediately if you believe the deduction amount is in error.

Please note that the KRS office will be closed on November 2, 2004 for Election Day and again on November 11, 2004 in observance of Veteran's Day.

### What's New for the 2005 Plan Year?

Several changes will be occurring to the insurance plans offered in 2005. Some changes are due to the passage of House Bill 1 while others are due to the redesign of the 2005 insurance plans. The following provides a summary of all changes that will be occurring to the 2005 plan:

- One Carrier Per Region: Your insurance carrier for Plan Year 2005 will be determined by the region in which you live. There are eight (8) regions and each region has only one (1) carrier available from which to obtain coverage. Refer to pages 18 19 of the Handbook for a list of the regions and the carrier offered in each region.
- <u>Three PPO Options:</u> You will be able to select from three (3) Preferred Provider Organization (PPO) options offered by your carrier: Essential, Enhanced and Premier. See pages 6-10 of the Handbook Supplement for a summary of each option.

- <u>Co-Payments Restored For Many Services:</u> House Bill 1 restored co-payments for prescription drugs, physician office visits, and other specified services but only under the *Enhanced and Premier options*. See pages 6-10 of the Handbook Supplement for a summary of the benefit provisions for each PPO option.
- <u>Reduced Cost After 75 Prescriptions:</u> The policy of providing reduced co-payment/co-insurance amounts on retail prescription drugs once 75 prescription co-payments/co-insurances have been paid in the calendar year <u>will</u> be continued in Plan Year 2005 but only under the *Enhanced and Premier options*. See page 2 of the Handbook Supplement for more details.
- <u>Subsidy for Parent Plus, Couple, and Family Coverage:</u>
  House Bill 1 also provided additional monies from the
  General Fund to provide a subsidy to those who choose
  Parent Plus, Couple, or Family coverage. The subsidy
  will continue as long as the General Assembly
  appropriates the necessary funds.
- <u>Incentive for Non-Smokers:</u> Each applicant must complete the "Smoking Status" field on the health insurance application. If you fail to mark this field on the application, you will be defaulted to "Smoker."
- <u>Cross-Referencing:</u> You will be able to cross-reference with another State Health Insurance Group participant, in Plan Year 2005 for <u>Family Coverage only</u>.
- New Programs: A major goal of the Program in Plan Year 2005 is to improve the health of State group participants. Refer to page 31 of the Handbook for information concerning carrier requirements for providing disease management programs and pages 32-33 for information promoting a wellness program. The wellness program requires the carriers to make a Health Risk Assessment (HRA) available to each individual covered in the group.
- <u>Benefit Fairs:</u> No Benefit Fairs will be held due to the delay in the start of open enrollment.

### KENTUCKY RETIREMENT SYSTEMS

Address

Kentucky Retirement Systems
Perimeter Park West
1260 Louisville Road
Frankfort, Ky. 40601

Phone

For Insurance Questions during Open Enrollment:

Local: (502) 564-4646 Toll Free: 1 (800) 928-4646 Then Extension 4524

Visit us online at www.kyret.com

### How Much Will Health Insurance Cost You?

In order to determine your cost for coverage in 2005, please refer to either Table 1 or Table 2. Retirees with non-hazardous service credit only and beneficiaries of non-hazardous retirees should refer to Table 1. Retirees with hazardous duty service credit should refer to Table 2.

Beneficiaries of retirees with hazardous duty service credit should contact the retirement office for special

### Options for Individuals Living Out of State

If you live out of state, your choices for coverage will depend upon your proximity to the Kentucky border.

If you live *outside of Kentucky but in a county adjacent to the Kentucky border*, you may only choose coverage available in the Kentucky region your home county borders. Listed below is the applicable region of coverage by state and county.

<u>Illinois</u> – Region 1: Alexander, Hardin, Massac, Pope, and Pulaski; Region 2: Gallatin.

<u>Indiana</u> – Region 2: Posey, Spencer, Vanderburgh, and Warrick; Region 3: Clark, Crawford, Floyd, Harrison, Jefferson, Switzerland; Region 2 or 3: Perry; Region 6: Dearborn, Ohio.

Missouri - Region 1: Mississippi and New Madrid.

<u>Ohio</u> – Region 6: Hamilton; Region 6 or 7: Clermont; Region 7: Adams, Brown, Lawrence, Scioto.

<u>Tennessee</u> – Region 1: Henry, Lake, Obion, Stewart, Weakley; Region 2: Montgomery; Region 4: Clay, Macon, Pickett, Scott Sumner; Region 2 or 4: Robertson; Region 4 or 8: Campbell; Region 8: Claiborne.

Virginia – Region 8: Buchanan, Dickenson, Lee, Wise.

West Virginia – Region 8: Mingo and Wayne.

If you live *outside of Kentucky but not in a county adjacent* to the Kentucky border, you will be offered coverage with the Kentucky region from which you retired (the region where your former employer's main office is located).

Please keep in mind that if you are unable to utilize the insurance carrier's network providers, you will pay out-of-network charges for covered benefits.

Individuals outside of Kentucky but not in a county adjacent to the Kentucky border may also choose to participate in the KRS medical insurance reimbursement plan. In the reimbursement plan, the retiree obtains his/her own health insurance coverage and applies for reimbursement of the eligible out-of-pocket premiums paid. Contact the KRS office if you would like more information about this program.

If you move outside of Kentucky beyond a county that is adjacent to a Kentucky border, before January 1, 2005, you must contact the KRS office for a carrier option.

### What If You Fail to Submit An Application?

If you currently have coverage in the State Health Insurance Group through KRS and you do not submit a completed application by November 12, 2004, then on January 1, 2005 you will be automatically assigned to the *Enhanced Option* at the level of coverage you had in effect on December 31, 2004.

If you currently waive coverage and you do not submit a completed application to the Kentucky Retirement Systems office by November 12, 2004, then you will have waived coverage for the 2005 plan year.

### **Additional Instructions and Reminders**

- <u>Don't Wait:</u> Return your completed application to the KRS office as soon as possible. The sooner your completed application is received by KRS, the sooner you will receive your new insurance card.
- <u>Remember Due Dates</u>: All open enrollment applications (including corrected applications) must be on file at the KRS office no later than November 12, 2004. Be sure to make a copy of the completed application for your records.
- <u>Carrier Plan Codes:</u> The three (3) digit carrier plan code required in Section II of the application is listed below.

- Anthem: 463 - CHA: 103

- Bluegrass: 093 - United Healthcare: 323

- Medicare Eligible Open Enrollment: The KRS Medicare Eligible Open Enrollment Period is tentatively set for November 15, 2004 through December 15, 2004. If you are Medicare eligible but have coverage in the State Health Insurance Group through KRS, please notify the KRS office if you wish to receive a Medicare eligible open enrollment notice when it is mailed out around the middle of November 2004. You will be allowed to change coverage to or from the Public Employee Health Insurance Program during the KRS Medicare Eligible Open Enrollment Period.
- <u>Medicare Eligible Spouse or Dependent:</u> If you are eligible to participate in the 2005 State Health Insurance Group, you may cover your spouse and eligible dependents <u>even if they are Medicare eligible.</u> Before choosing to cover a Medicare eligible spouse or dependent under your Parent Plus, Couple, or Family plan, contact your local Social Security Administration (SSA) office and discuss the issues concerning their Medicare Part B coverage.
- Option to Select Coverage in Contiguous County:
   Retirees living in certain Kentucky counties have an additional plan selection choice from a contiguous county. Refer to page 38 of the Handbook for additional information on the counties affected.

For Non-hazardous Retirees and Beneficiaries of Non-Hazardous Retirees

	YOUR SHARE OF	PREMIUM COST			For Plan Year 2005 in the	State Health Insurance	Group.												
	II																		
12 11Ctll CC3	KRS CONTRIBUTION FOR	APPLICANT'	ed upon the	applicant's months of service credit			Contribution	0 0 0 0 T	Enter \$410.00	Enter \$207 50	DC./000 1011171	00 2000	Enter 3203.00	Dutor \$102.50	EIIICI \$102.30		Enter \$0		
163 of 11011-114241 401	KRS CONTR	APPL	Enter a value based upon the	applicant's month	at retirement.	•	Service	0.70	240 or more:	180 730.	100-237.	120 170.	120-179.	40 110.	40-119.		0-47:		
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i or ivon-nazaraous ivem ees ana Deneficiaries of ivon-itazaraous ivem ees	APPLICANT SMOKING STATUS	COST	Enter a value based upon the	applicants smoking status as of July 1,	2004.		☐ If applicant is a non-smoker, enter	<u>\$0</u> .	☐ If applicant is a retiree who	smokes and selects single	coverage, enter \$0.	☐ If applicant is a beneficiary who	smokes and selects single	coverage, enter \$15.	☐ If applicant is a retiree or	beneficiary who smokes and	selects Parent Plus, Couple, or	Family Coverage enter \$30.	
	+	-																	
	MONTHLY	PREMIUM COST	Enter the Premium from Chart A	below for the:		☐ Plan Option Selected	- Essential	- Enhanced	- Premier		☐ And Coverage Level Needed	- Single	- Farent Flus	- Couple Family	1 411111.5				

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CHART A: 2005	S MONTHLY PI	CHART A: 2005 MONTHLY PREMIUMS FOR HEALTH INSURANCE	HEALTHIN	SURANCE	
Plan Option	<u>Single</u>	Parent Plus	Couple	Family	The benef
Essential	Not Offered	\$465.00	\$669.52	\$730.14	cover sectic
Enhanced	\$410.00	\$524.00	\$767.72	\$839.24	pay the Plus of
Premier	\$428.20	\$580.38	\$808.66	\$884.74	

# NOTES

The retirement systems does not pay a contribution for coverage on behalf of a eneficiary receiving a monthly retirement benefit. Beneficiaries obtaining overage through KRS should enter \$0 in the KRS Contribution for Applicant ection. Exception: If you are a spouse beneficiary or a dependent child eceiving a monthly benefit under the Fred Capps Memorial Act, then KRS will ay the full premium for the Enhanced Plan on your behalf for Single or Parent lus coverage.

# TABLE 2: CALCULATING YOUR MONTHLY COST FOR HEALTH INSURANCE IN 2005

For Hazardous Retirees

For Plan Year 2005 in the **OF PREMIUM COST** 

YOUR SHARE

State Health Insurance

Group.

Enter the Premium from  Chart A below for the:  Chart A below for the:  Day Dicant's months of combined nonhazardous service  - Essential  - Premier  - Premier  - Premier  - Single  - Single  - Couple  - Family  - Family  - Family  - Enter \$102.50  - Family  - Enter \$0.50.00  - Fourtibution  - Service credit only service credit only service credit only service credetermine selecting Farent Plu  - Couple  - Family  - Enter \$102.50  - Family  - Family  - Enter \$0.50.00  - Fourti-Couple for the selecting Plus  - Family  - Family  - Enter \$0.50.00  - Fourti-Couple for the selecting Plus  - Family  - Fourti-Couple for the selecting Plus  - Fourti-Couple for the selecting Plus  - Family  - Family  - Family  - Family  - Family  - Family  - Fourti-Couple for the selecting Plus  - Family  - Famil	MONTHLYPREMIUM COST	KRS CC FOR	KRS CONTRIBUTION FOR APPLICANT <sup>7</sup>	ı	KRS CONTRIBUTION FOR SPOUSE & DEPENDENT COVERAGE
applicant's months of combined non-hazardous and hazardous service    Service   Contribution     240 or more:   Enter \$410.00     180-239:   Enter \$307.50     120-179:   Enter \$102.50     48-119:   Enter \$102.50	Enter the Premium from	Enter a value ba	sed upon the		$\square$ If you <u>retired August 1, 1998 or after,</u>
Plan Option Selectedhazardous and hazardous service credit at retirement EssentialService- Enhanced240 or more:Enter \$410.00And Coverage Level180-239:Enter \$307.50- Single120-179:Enter \$102.50- Couple48-119:Enter \$102.50	Chart A below for the:	applicant's mor	iths of combined non-		your additional contribution toward
Plan Option Selected         credit at retirement.           - Essential         Service         Contribution           - Enhanced         240 or more:         Enter \$410.00           And Coverage Level         180-239:         Enter \$307.50           - Single         120-179:         Enter \$205.00           - Couple         48-119:         Enter \$102.50           - Family         0-47:         Enter \$0		hazardous and h	nazardous service		Parent Plus, Couple, or Family coverage
- Essential Service Contribution - Enhanced 240 or more: Enter \$410.00  And Coverage Level 180-239: Enter \$307.50 - Single 120-179: Enter \$205.00 - Couple 48-119: Enter \$102.50 - Family 0-47: Enter \$0	☐ Plan Option Selected	credit at retirem	ent.		is based upon hazardous duty service
- Enhanced - Premier  And Coverage Level  Needed - Single - Single - Parent Plus - Couple - Family - Family - Family - Enter \$102.50	- Essential	Service	Contribution		credit only. Apply your hazardous duty
- Premier 240 or more: Enter \$410.00  And Coverage Level 180-239: Enter \$307.50 - Single 120-179: Enter \$205.00 - Couple 48-119: Enter \$102.50 - Family 0-47: Enter \$0	- Enhanced				service credit to Chart B below to
And Coverage Level         180-239:         Enter \$307.50           - Single         120-179:         Enter \$205.00           - Parent Plus         48-119:         Enter \$102.50           - Family         0-47:         Enter \$0	- Premier	240 or more:	Enter \$410.00		determine your additional contribution if
And Coverage Level       180-239:       Enter \$307.50         Needed       - Single       120-179:       Enter \$205.00         - Parent Plus       48-119:       Enter \$102.50         - Family       0-47:       Enter \$0					selecting Parent Plus, Couple, or Family
le 120-179: Enter \$205.00   nt Plus   48-119: Enter \$102.50   liy   0-47: Enter \$0		180-239:	Enter \$307.50		Coverage.
Plus	Needed				☐ If you retired prior to August 1, 1998.
48-119: Enter \$102.50 0-47: Enter \$0	- Single	120-179:	Enter \$205.00		your additional contribution toward
48-119: <u>Enter \$102.50</u> 0-47: <u>Enter \$0</u>	- Parent Plus				Parent Plus, Couple, or Family coverage
0-47: Enter \$0	- Couple	48-119:	Enter \$102.50		is based upon total service credit. Apply
Enter \$0	- Family				your total service credit to Chart B below
Enter \$0					to determine your additional contribution
		0-47:	Enter \$0		if selecting Parent Plus, Couple, or
Family CC					Family Coverage.

II												
KRS CONTRIBUTION FOR SPOUSE & DEPENDENT COVERAGE'	☐ If you <i>retired August I, 1998 or after</i> , your additional contribution toward	Parent Plus, Couple, or Family coverage is based upon hazardous duty service	credit only. Apply your hazardous duty service credit to Chart B below to	determine your additional contribution if	Coverage.	☐ If you <i>retired prior to August 1, 1998</i> , vour additional contribution toward	Parent Plus, Couple, or Family coverage	is based upon total service credit. Apply your total service credit to Chart B below	to determine your additional contribution	if selecting Parent Plus, Couple, or	Family Coverage.	

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CHART A: 20	05 MONTHLY	CHART A: 2005 MONTHLY PREMIUMS FOR HEALTH INSURANCE	OR HEALTE	INSURANCE	CH
Plan Option	Single	Parent Plus	Couple	Family	
Essential	Not Offered	\$465.00	\$669.52	\$730.14	
Enhanced	\$410.00	\$524.00	\$767.72	\$839.24	
Premier	\$428.20	\$580.38	\$808.66	\$884.74	

<sup>1</sup>Beneficiaries of retirees with hazardous duty service credit should contact the retirement office for special assistance.

CHART B: KRS CONTRIBUTION FOR DEPENDENT COVERAGE	TRIBUTION FOR	DEPENDENT	COVERAGE
Service	Parent Plus	Couple	Family
240 or more:	\$114.00	\$357.72	\$429.24
180-239:	\$85.50	\$268.29	\$321.93
120-179:	\$57.00	\$178.86	\$214.62
48-119:	\$28.50	\$89.43	\$107.31
0-47:	\$0.00	\$0.00	\$0.00

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